



Vacation Nomination Form

Also may be submitted online:

www.karenwellingtonfoundation.org/vacation-nomination

Date: _____

How did you hear about The Karen Wellington Foundation? Name of person or source: _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your relationship to Nominee _____

Does the Nominee currently have any vacations planned? No ___ Yes ___

*If Nominee has vacation planned, we will consider for a Spa Day or other Gift of FUN

I would like to nominate ~ Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

Birth Date _____ Occupation _____

When diagnosed _____ Stage of Breast Cancer _____

Medical Team - Primary Hospital: _____

Oncologist: _____ Address: _____

Surgeon: _____ Address: _____

Brief Medical journey: _____

What inspired your Nomination and how do you feel Nominee would benefit from a gift from The Karen Wellington Foundation for LIVING with Breast Cancer:

Please return to: Lisa Farrell

EMAIL: KarenWellingtonFoundation@gmail.com

MAIL: Lisa Farrell, 5090 Bouchaine Way, Cincinnati, OH 45208